



## PART B - FEE(S) TRANSMITTAL

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CFR 1.363). Use of PTO form(s and Custome Number are recommendation to required. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a O Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) and ched. single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name O "Fee Address" indication (o "Fee Address" Indication form PTO/SB/47) attached. is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an asseme is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Intermec IP Corp Woodland Hills, California Please check the appropriate assig ce category of categories (will not be printed on the patent) O individual Accorporation or other private group entity O government 4a. The following fee(s) are enclo 4b. Payment of Fee(s): Tissue Fee A check in the amount of the fee(s) is enclosed. O Publication Fee D Payment by credit card. Form PTO-2038 is attached. Ten \*\*EXThe Commissioner is healthy authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 14-1190 (enclose an extra copy of this form). Advance Order - # of Copies The COMMISSIONER OF PATELITS AND TRADEMARKS is requested to apply the Issue Fee and Publication Fee (if any) to the application identified above. Sherman, Kes. 16909 (Authorized Signature) John Reg. (Date) 03/04/2002 03/15/2002 NORMED2 00000176 141190 09037535

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